

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted to
Group Art Unit 2817, 703-872-9308, addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA
22313-1450.

Date: August 6, 2004

Sonia V. McVean
Sonia V. McVean

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AUG 05 2004

OFFICIAL

**PATENT
36856.603**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Takao MUKAI et al.	Art Unit: 2817
Serial No.: 10/066,717	Examiner: B. Summons
Filed: February 6, 2002	
Title: EDGE-REFLECTION SURFACE ACOUSTIC WAVE FILTER	

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated April 6, 2004, the period for response to which has been extended to August 6, 2004, by the accompanying Petition for a ONE-month Extension of Time, please amend the above-identified application as follows:

- ☒ **Amendments to the Specification** begin on page 2 of this paper.
- ☒ **Amendments to the Claims** are reflected in the listing of the claims which begins on page 3 of this paper.
- ☒ **Amendments to the Drawings** begin on page 9 of this paper and include an attached replacement sheet. An **Appendix** including the amended drawing figures is attached following page 16 of this paper.
- ☒ **Remarks/Arguments** begin on page 10 of this paper.

Please note, if a box is not checked, then no corresponding amendment is being made.

08/09/2004 ZJUHR1 00000013 10066717

02 FC:1202

90.00 OP

08/20/2004 VBRWN2 00000005 501353 10066717 KEATING & BENNETT

01 FC:1201

86.00 DA

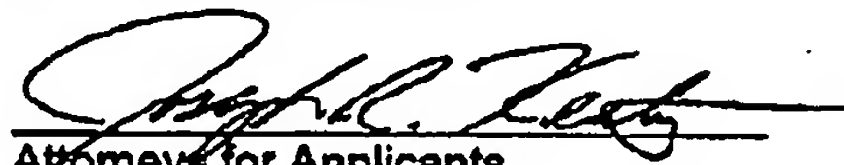
08/05/2004 20:06 7033855340

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August 5, 2004
Page 2

The Commissioner of Patents is authorized to charge any amount due, or credit any overpayment, to Deposit Account No. 50-1353.

Dated: August 5, 2004

Respectfully submitted,



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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10066717

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	28	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	28 minus 20 = *	8
INDEPENDENT CLAIMS	4 minus 3 = *	1
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	174.00
X42=		OR	X84=	84.00
+140=		OR	+280=	
TOTAL		OR	TOTAL	968

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	8/19	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	33	Minus ** 28 = 5
Independent	*	5	Minus *** 4 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	90.00
X42=		OR	X84=	86.00
+140=		OR	+280=	1
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*		Minus ** =
Independent	*		Minus *** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*		Minus ** =
Independent	*		Minus *** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.